

MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 10. REPORTING WAIVER REQUEST: If the committee does 1. Committee ID #: not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual 2. Type of Filing: campaign statements is waived. The Reporting Waiver will be Original automatically jost if the committee exceeds the \$1,000 threshold. Amendment to Items: 11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan 3. Full Name of Committee (must include Candidate's first and last name): CTE (Carlney (6 (10 k))
4a. Candidate Full Name (Last, First, M.L.): Association) a. Official Depository CLARENCE COCK

(b) Political Party (if applicable): Demonstr Ac County of Residence: Mccomb b. Secondary Depository 4d. Office Sought (Check one): State Senator Lt Governor Governor Attorney Gen. Sec. of State State Rep. 12. This item applies only to Gubernatorial Candidate MSU Trustee UofM Reg. State Bd. of Ed. Committees: Check if this committee intends to seek qualifying Appeals Court Supreme Court WSU Gov. contributions or make qualifying expenditures. Probate Court District Court Circuit Court Municipal Court 13. ELECTRONIC FILING: This item applies to committees that file with Local or other please specify: Mustin the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's 4e. District/Circuit # or Jurisdiction: 5. Date Committee was Formed: The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar 6a. Committee Phone #: 586-247-6380 year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement. 6b. Committee Fax #: Bc. Committee E-mail Address: Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. 6d. Committee Website Address: 7a. Complete Comm. Mailing Address (May be PO Box): 50067. Ghelmsford & . Shellyjup. 48315 Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 7b. Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of mylour knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. 8 Treasurer Name and Complete Address INVe certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name Phone #: E-mall Address: 9. Designated Record Keeper Name and Complete Address: Phone 本 F-mail Address: Designated Record Keeper (Required only if filing electronically) CFR101 CAN SO.doc REV 10/07: Authority granted under Act 388 of 1976, as emended